

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43355**  
Registrar's No. **11125**

REC'D DEC 24 1952  
BIRTH NO.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b> <b>2229</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>22 1810 Dapin St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b> b. (Middle) c. (Last) <b>Cross</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28 1952</b>	
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-1-1888</b>
9. AGE (In years last birthday) (Specify) <b>66</b>		10. MONTHS <b>0</b>	11. DAYS <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Milford Mosley, 1415 Lake St. So. Bend, Ind</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Undetermined</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. ADDRESS <b>331X</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-20</b> , 19 <b>52</b> , to <b>11-28</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11-28</b> , 19 <b>52</b> , and that death occurred at <b>7:20am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles P. Ford</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St.</b>	
23c. DATE SIGNED <b>12-1-52</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-4-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. NAME OF CEMETERY OR CREMATORY <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 3 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, Inc.</b>		ADDRESS <b>2820 Stoddard</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. 471

working under my personal supervision.

Student Mrs. Ester Marie McDonald  
Student Embalmer

Signed James C. Carter  
Licensed Embalmer No. 1468  
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.